



THE UNIVERSITY OF TEXAS AT BROWNSVILLE AND TEXAS SOUTHMOST COLLEGE
Scorpion Soccer Evaluation Camp Registration Form



Name of Player: _____ Age: _____

High School/College: _____ Position: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Player Email address: _____

Name of Parent(s) or Guardian: _____

In case of emergency, please notify: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Waiver/ Participation Agreement

I am a participant 18 years of age or older or I am the Parent/Guardian of the above-named Participant who is under 18 years of age and am fully competent to sign this Agreement. I give permission for Participant to participate in the above-referenced Activity.

I acknowledge that the nature of the Activity or Trip may expose Participant to hazards or risks that may result in Participant's illness, personal injury or death and I understand and appreciate the nature of such hazards and risks. In consideration of Participant being permitted to participate in the Activity, I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation and I hereby release the above named Institution, its governing board, officers, employees and representatives from any and all liability to Participant, Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his/her death, that may result from or occur during Participant's participation in the Activity, whether caused by negligence of the Institution, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the Institution and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the described Activity.

I have carefully read this agreement and understand it to be a release of all claims and causes of action for participant's injury or death or damage to participant's property that occurs while participating in the described activity or trip and it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by participant's negligent or intentional act or omission.

 Signature of Participant or Parent/Guardian

 Signature of Witness

 Address (if different than Participant's)

 Date Signed